

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*10/569835*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/		/			
3		/					
4		3		/			
5	/						
6		①					
7		①					
8		①					
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11		①					
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13	/						
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20		①			/		
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41		①			/		
42		①			/		
43							
44							
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46							
47							
48							
49							
50							
TOTAL IND.	3			2			
TOTAL DEP.	41	←	41	←		←	
TOTAL CLAIMS	44	█	44	█	█	█	█

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							